

SELF-STUDY COURSE

DEALING WITH SEXUALLY ACTING OUT BEHAVIORS IN FOSTER CARE

4.0 HOURS

This self-study is based on the following sources:

- **Sexualized Children Assessment and Treatment of Sexualized Children and Children Who Molest** Toni Cavanagh Johnson, and Eliana Gill, Launch Press, 1993
- *“Preventing Allegations of Abuse”* **The National Advocate** (Newsletter of the National Foster Parent Association) Dr. Frank Kunstal
- **Fostering the Sexually Abused Child** Alaska Foster Parent Training Center, Self-Study Course
- **Master Series: The Adolescent Sexual Offender** Alaska Foster Parent Training Center, Self-Study Course
- **Video** *“Establishing the Psychologically Safe Environment: The Sexually Abused Child”* Patricia Ryan, Eastern Michigan University
- **The SAFE TEAM Curriculum: Preparation and Support for Families Adopting Sexually Abused Children** Bernard and Joan McNamara, Family Resources, 1990
- **Defensive Parenting** Jacob Sprouse, American Foster Care Resources

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Introduction



Sexually acting out is often the most difficult behavior for foster parents to confront. Sexually acting out refers to children who engage in sexual behaviors that are not ordinary for a child's age, or that are hurtful to others, or that elicit adult concern. Sexually acting out may include sexual language, excessive masturbation or intense preoccupation with sexual matters. Sexually acting out may also include sexual aggression towards other children, adults or animals.

This training course has several goals:

1. *To give basic information about sexually acting out in children*
2. *To clarify the role of foster care with these children*
3. *To suggest strategies to deal with sexually acting out behaviors*
4. *To provide information about safety and protection for both foster child and foster family*

It is wise for all foster parents to be familiar with this material. If it is known that a child has a history of sexual acting out or has been sexually abused, the worker that places the child with you should share that information with you. Not all children who sexually act out have been abused, but the majority has. Not all children who have been sexually abused show sexual behaviors, but many do. In other cases, a child's reason for placement in care may be as a result of neglect, abandonment or safety. It may be only after a child has been in care for days, months, or sometimes years, that signs of earlier abuse may emerge. Some children do not engage in sexually acting out until years after the abuse so they may not show these behaviors at the time of placement.

Sexually acting out children, despite their acts, need to be viewed compassionately and with a hopeful attitude toward recovery. These children are often victims of maltreatment themselves and deserve a chance to heal and live a healthy life. Foster parents can most effectively work with these children by maintain a calm, assertive and non-shaming approach. This self-study hopes to help you with those skills.

Part One: What Is Sexually Acting Out in Children?

Goal of Part One: *To define and explore what is considered sexually acting out in children and to distinguish it from normal sexual development in children.*



What Is Sexually Acting Out Behavior?

A foster parent needs information regarding when behavior should raise concern, when to obtain help for a child, and how to confront inappropriate sexual behavior. To begin, let's look at what is meant by sexually acting out. Sexual acting out refers to children who engage in sexual behaviors that seem problematic and elicit adult concern. Children who show normal sexual behavior or exploration associated with expected development are not considered to be acting out. Acting out usually refers to behavior seen as a result of a child's experience or history of abuse. Sexual aggressiveness is a form of sexually acting out that includes coercive or manipulative sexual behavior toward others.

Other terms used to describe these behaviors include *sexually reactive, perpetrators, sexually aggressive, children who molest, prepubescent offenders and victim-perpetrators* and *sexualized children*. All of these terms describe a general pattern of behavior in children, but the causes of these behaviors will widely vary amongst children. Children who sexually act out are more likely to have been sexually abused. But not all children have been sexually abused. Some children may sexually act out or be sexually aggressive, but may not have a history of molest.

The following graph lists some of the more common sexually acting out behaviors seen in foster care.

SEXUAL BEHAVIORS SEEN IN FOSTER CARE

- Sexually Play With Toys
- Increased Or Excessive Masturbation
- Intense Interest In The Genitals Of Others Or In Sexual Matters
- Mature, Sexualized And Seductive Manner In Young Children
- Play With Urine Or Feces
- Sexually Exploration Or Play With Animals
- Peeking, Touching Or Interest In Looking At Other's Genitals
- Coercing Or Tricking Other Children Into Sexual Play
- Sexual Knowledge More Explicit And Advanced Than Expected For The Child's Age

GRAPH #1: *Common Sexually Acting Out Behaviors Seen In Foster Care*

Why Do Children Sexually Act Out?

It is important to distinguish sexual acting out from normal sexual development. Children are developing intellectually, socially, physically, emotionally *and sexually* from infancy into adulthood. This development includes exploration, touching genitals, curiosity about body parts, and mimicking adult behaviors and can be considered a normal part of childhood. Sexually acting out refers to sexual behavior that results not from normal child development but from trauma, anxiety or abuse for the child.

Children sexually act out for many different reasons. Some are reacting to a highly sexually stimulating environment. Some children are sexually reactive, which means that their sexual behavior is related to past sexual abuse or sexually traumatic event. Some children's sexual behavior is solitary or directed toward self or toys. Other children's behavior includes sexual activity or aggression toward other children or adults. The younger a child is who is showing sexually acting out behavior, the more likely he or she is also a victim of sexual abuse. Sexual behavior may be paired with fear, anxiety or anger, all feelings that may have been present at the time of the molest.

Toni Cavanaugh Johnson, a researcher and therapist, found in her experience that children showed several manifestations of sexually acting out. One manifestation was sexual behavior that was most evident and frequent in children where abuse is currently occurring or where abuse had recently occurred. Another manifestation involved children in whom abuse or trauma happened earlier in their life, but took several years to develop into sexual behavior by the child. The offending behaviors of these children are often paired with intense anger, aggressiveness and anxiety and were not generally concurrent with the abuse.

It is also important for foster parents to note that some children with Fetal Alcohol Effects or Syndrome show patterns of sexually acting out, especially in the adolescent years. Some children with FAS/FAE have problems with impulsivity, determining consequences, and reading social cues and body language. For some children, these problems may develop into troublesome behaviors, including inappropriate sexual behaviors. The child may or may not have a history of sexual abuse, but are vulnerable for victimization and victimizing others. If a child who is sexually acting out is also alcohol effected, this needs to be considered when designing appropriate intervention with the child.

Family Histories Of Children Are Sexually Aggressive

Sexually aggressiveness refers to sexual behavior directed toward other children animals or adults and shows signs of coercion force or manipulation. Many of the children who show sexually aggressive behavior have the experience of being severely physically abused or having been a witness to domestic violence between family members in addition to being sexually abused. These children usually have a family history of stress, dysfunction, ambivalence and strained feelings between parent and child.

In Johnson's study of children who molest, she discovered that many of these children came from single parent homes with very little presence of a positive father figure. Many of the children's parents had psychiatric problems including depression or borderline personality. Substance abuse was common and domestic violence was present in almost every one of the children's family histories. Relationships in the family were

highly stressed and unstable and chaotic. A covertly sexualized atmosphere was often found. These included poor physical boundaries between family member, such as sleeping with children without clothes, entering bathrooms unannounced while children bathed, or inspecting the developing bodies of pubescent children. Other parents confided in their children about sexual and romantic matters and shared intimate details about their sex lives. These behaviors resulted from the parent's own history of lack of privacy or lack of boundaries. This sexualized environment increased anxiety and stimulation in children. In addition, many of the children who are sexually aggressive toward others have been sexually molested by relatives or close friends, often for long periods of time or by more than one offender.

The Continuum Of Sexual Behaviors In Children

Toni Cavanagh Johnson has evaluated and worked with many families and children as a result of the child's sexual behaviors. She groups sexual behaviors on a continuum of normal sexual exploration to increasingly disturbed behaviors. **Group One** includes children engage in natural childhood sexual exploration. **Group Two** is composed of children who are reacting to sexual trauma or events. **Group Three** include children who are mutually engaged in the full range of adult sexual behaviors. **Group Four** includes children who are sexually aggressive toward other children.

Group One	Group Two	Group Three	Group Four
Normal Sexual Exploration	Sexually Reactive	Extensive Mutual Sexual Behaviors	Children Who Molest

GRAPH #2: A Continuum of Sexual Behaviors
From Sexualized Children by Johnson and Gil

Johnson defines each group by its different characteristics and behavior. Following are examples of these characteristics from Toni Cavanaugh Johnson and Eliana Gil's text Sexualized Children.

GROUP ONE: Normal Sexual Exploration

The staff at a elementary school was thrown into a frenzy when a teacher discovered three ten year old boys playing in the bathroom. The boys were attempting to identify which of them could stand farthest from the toilet bowl and still hit it with a stream of urine while urinating.

Characteristics: Children of all ages show normal, sexual behavior based on the discovery and development of their physical and sexual selves. This may include exploring feelings and genitals, interest in language related to sex, and giggling about bathroom related functions. Children involved in normal sexual exploration may do it solitarily or with friends of similar age and size. They more often explore with friends rather than siblings. These encounters are voluntarily, and often light-hearted, fun and silly. They do not often include feelings of deep shame, fear or anxiety. For teens, this often involves intense feelings for the opposite sex and sexual exploration in relationships. These behaviors may need limits, guidance or education, but are not considered abnormal or pathological.

GROUP TWO: Sexually Reactive Behaviors

Four year old Jenna climbs into the lap of men she doesn't know and snuggles up against them. She tries to stick her tongue into the mouth of people who kiss her and makes sexual sounds. She also spends hours sitting on the couch masturbating against her stuffed animals. Jenna is being raised in a very sexualized environment. She lives in a one-bedroom apartment with her 18 year old mother and her mother's boyfriend Bob. Her mother treats her as a girlfriend, not as a daughter. Frequently her mother lets Jenna wear makeup and watch soap operas all day long. She has no age appropriate toys in the apartment and plays with no same-age friends. She sleeps on the sofa bed that her mother and boyfriend have sex on after they think Jenna is asleep.

Tommy is a 9-year-old boy who was sexually abused by a man living down the street. Ever since the abuse, he has shown an intense and anxious interest in sexual matters. He has initiated oral sex and other behaviors with an 8-year-old cousin, but has not tried to force or threaten the boy. These are the same activities the man down the street did to Tommy.

Characteristics: Group Two exhibits more sexual behaviors than Group One and has a preoccupation with sexuality. Many of these children have been abused or exposed to pornography and sexual stimulation. These children have trouble integrating and understanding such stimulation and express this confusion in increased sexual behavior. Sexually reactive children often feel deep shame guilt and anxiety about sexuality. Their behavior focuses mostly on themselves. When they involve other children, the difference in age is usually not great and force is not usually involved. These children respond well to therapy and education. When the anxiety is reduced or more age appropriate and less sexually stimulating environments are encouraged, the level of sexual behavior tends to decrease.

GROUP THREE: Extensive Mutual Sexual Behaviors

Todd and Joey are 9-year-old boys in foster and residential care almost all their lives. They are constantly trying to have sex with each other and with the other children in the group home. These behaviors include sexual touching, oral sex and attempted. The group home leader has to provide constant supervision and separation of the boys in order to stop the behavior. Even nighttime hours need to be monitored because the boys will sneak out of their bedrooms and climb into other boys' beds.

Characteristics: These children often approach sexuality as just the way they play and are often more resistant to treatment than Group Two. These children use coercion and manipulation but rarely resort to violence. They are characteristically without emotional affect, meaning they neither have the lighthearted spontaneity of normal children nor the shame and guilt of the sexually reactive children. These children often have a history of severe abuse and abandonment. Sex is a way to relate to their peers. These children need an intensive and rigorous relearning of social skills and peer relationships. These children will also need intensive supervision in the home setting and around other children.

GROUP FOUR: Children Who Molest

Frank is an 11-year-old boy who is in residential care and who often bribes younger children into sexual activity, including oral sexual and forced penetration of a child's vagina or anus with his fingers. He can turn quite threatening with a vulnerable victim, threatening to never talk to him again or hurt him while he is sleeping some night. Once while he was caught sodomizing a younger child, he angrily yelled at the residential worker that he wasn't doing anything.

Characteristics: The children in this category go far beyond developmentally appropriate play. They are obsessed with sexual thoughts and engage in a full range of sexual behavior that becomes a pattern, rather than solitary incidents. These children need intensive and specialized treatment. These children often link sexual acting out to feelings of anger, rage, loneliness, or fear. Children with severe offending behaviors choose vulnerable and younger victims. They lack compassion with their victims and feel regret in getting caught, not with hurting another child. Most of these children have severe behavior problems at home and school and have few friends. For some of these children, their behavior borders on compulsive behavior. Compulsive behavior means the child has lost control over it and has a very difficult time not repeating actions, even when punished or when trying to stop. These children need therapy, strong intervention, combined at times with medication to control these impulses.

Distinguishing Sexually Acting Out And Normal Sexual Behavior

Not all sexual behavior in children (for example, those indicated in Group One) is considered sexually acting out. Some behaviors may be developmentally appropriate at certain ages but not at others. Joan and Bernard McNamara, foster parents and authors, give the example that masturbating openly or attempting to see or touch other's genitals is common for toddlers, but would not be considered acceptable or appropriate behavior for preteens. Likewise, it is not unusual for teenager to discuss intercourse in explicit terms or engage in intercourse, but it would be unusual for preschoolers to engage in this behavior. It is important that foster parents have a good knowledge of appropriate development.

Following is a list of behaviors from what is generally considered normal at certain stages of childhood development to behavior considered abusive. This list is based on the work of Gail Ryan and Bernard and Joan McNamara. It is helpful for foster parents to think of behavior in term of a stoplight. *Green light behavior* is okay, considered normal behavior in children. *Yellow light behavior* means to approach the behavior with caution, meaning that the behavior should cause some concern. *Red light behavior* clearly demands adult intervention with supervision and confrontation.



**Green means okay.
Yellow means pay attention.
Red means stop!**

GREEN LIGHT BEHAVIOR (Expected, Normal Behavior) *Most sexual behavior considered normal in childhood involves either periodic solitary activity or similar age peers or siblings, with no coercion, occurring within the cultural norms of society. These behaviors may still need limits or intervention by the foster parent but are not consider pathological.*

- ❑ Playing doctor or house
- ❑ Occasional masturbation, no penetration
- ❑ Imitating adult seduction such as flirting or kissing
- ❑ Dirty works or jokes within cultural or peer group norm
- ❑ Mutual showing of body parts by peers
- ❑ Conversations with peers about reproduction and genitals

YELLOW LIGHT BEHAVIOR (Cause for Concern/Possible Intervention Needed)

- ❑ Preoccupation with sexual themes (especially sexually aggression)
- ❑ Sexually explicit conversation with peers
- ❑ Sexual innuendo/teasing/harassment/embarrassment of other
- ❑ Attempting to expose other's genitals (e.g. pulling up skirts, pulling down pants)
- ❑ Sexual graffiti (especially chronic and or impacting others)
- ❑ Precocious sexual knowledge and/or activity
- ❑ Single occurrences of peeping, exposing, obscenities, pornographic interest.
- ❑ Preoccupation with masturbation
- ❑ Mutual masturbation/group masturbation
- ❑ Simulating foreplay with dolls, toys, peer with clothing on (petting, French kissing)

RED LIGHT BEHAVIOR. (Requires adult supervision, confrontation, and possible therapeutic intervention)

- ❑ Touching of genitals of others
- ❑ Using force to expose others genitals or body parts
- ❑ Sexually explicit conversations with significant age difference' chronic obscenities
- ❑ Inducing fear/threats of force to coerce sexual activity
- ❑ Sexually explicit proposals/threats including written notes
- ❑ Repeated or chronic peeing/exposing/pornographic interest
- ❑ Compulsive masturbation/interrupting tasks to masturbate
- ❑ Masturbation by girls that includes penetration
- ❑ Simulating intercourse with dolls, peers, animals
- ❑ Oral, vaginal, anal penetration of children adults, animals dolls
- ❑ Force touching of genitals, genital injury or bleeding without accidental cause
- ❑ Simulating intercourse with peers with clothing off

When To Be Concerned

Foster parents should be especially concerned with sexual behavior when it meets one of the following categories:

- A child appears preoccupied with sexual themes for extended periods, often with confused or anxious affect or if children appears secretive, anxious, or confused about sexual behaviors.
- A child is angry, violent, or forceful in his or her sexual behavior toward others, is using objects, or is inserting objects or fingers in other children.
- A child compulsively engages in sexual behaviors, does not seem to enjoy the activity but keeps doing it, or seems to be unable to stop.
- A child is engaged in inappropriate age related sexual activity or if sexual activity includes intercourse or oral sex between young children, or if a child attempts sex with animals.
- A child is involved in sexual activity with a child of a large age difference.

Distinguishing Between Young Children Who Molest And Adolescent Sexual Offenders

It is always a balancing act when dealing with children who molest who are also victims. Both the issue of being a victim and the issue of being an offender needs to be addressed. Everyone shares the concern that this behavior is stopped in childhood and does not continue into a pattern of adolescent or adult sexual offending. This Self-Study focuses on sexualized behaviors in children and adolescents in foster care, and focuses on inappropriate sexual behaviors and acting out in children. The nature of sexual behavior in younger children seem different in many ways than offending behaviors in adolescents. The thrust of sexual behaviors in young children is less frequently toward obtaining sexual pleasure and more frequently toward expressing internalized anger or tension. Younger children are more likely to be also be victims. It is believed that earlier intervention interrupts patterns and prevents more victims, so that intervening effectively in younger children who exhibit inappropriate sexual behaviors will hopefully prevent children from becoming offenders in their adolescent and adult years.

The topic of juvenile sexual offenders is a topic covered in depth in our **Master Series Course: The Adolescent Sexual Offender**. If you are providing care for an adolescent with sexual offending behavior, it is suggested that in addition to this material, you also read the Master Series course for more in-depth materials on this topic.

Part Two: Three Goals Of Foster Care For Children Who Sexually Act Out

GOAL OF PART TWO: *To provide the foster parent with some guidelines of how to work with a child who has been abused or who is sexually acting out.*



Setting Realistic Goals For The Foster Family

What can a foster family do for a child who shows sexually acting out behaviors? **First**, foster families need *to set up the home to promote safety for all family members and reduce anxiety for the child.* This can be attempted by establishing good house rules. **Second**, foster families should *intervene when a child is sexually acting out or showing inappropriate behaviors.* A consistent response to a behavior can help a child learn boundaries and appropriate behavior. **Third**, foster families should promote healing in a child by *supporting therapy and providing prevention and sexuality education.* Especially for children in the Groups Three and Four, working with a therapist is essential for the support of the foster home and intervention with the child. The level of intervention by the foster parent and by the therapist will be determine on the level of sexually acting out in the child and the child's history of victimization. Some children require more intrusive and vigorous therapeutic intervention and require intensive parenting and intervention by the foster home. Therapeutic intervention should also include sexuality education and sexual abuse prevention information both at home and in counseling.

- Goal #1:** *Set Up The Environment To Reduce Anxiety And Promote Safety*
- Goal #2:** *Intervene When A Child Is Sexually Acting Out Or Inappropriate*
- Goal #3:** *Promote Healing And Correction Through Therapy And Education*

GRAPH #3 : *Three Goals of Fostering the Sexually Acting Out Child*



FIRST GOAL: Set Up The Environment: Reduce Anxiety And Focus On Family Safety

When a child has been sexually abused, he or she may be traumatized and extremely anxious when in a strange and unfamiliar environment. As with all your foster children, seek ways to reduce anxiety for the children in your care. Take your cue from the child. Does he seem anxious most of the day? Is she oblivious to the personal space of others? Does he seem to disregard his own safety and take terrible chances? These are clues into how a child sees himself or how he is reacting to the abuse.

It is essential that foster homes that care for sexually acting out children set up a home environment that encourages the comfort and safety of all family members. This can be partially accomplished through house rules. House rules are simple. House rules are expectations of family members need to act in order to keep the house functioning and to keep family members comfortable and safe. Rules should apply equally to all members of the family. Children should not be singled out, or humiliated or shamed because of their behavior. House rules can also avert power struggles. Foster parents can invoke the rules as an impartial judge that all family members have to follow.



Suggested House Rules for Foster Homes Caring for the Sexually Abused Child

1. **Bedrooms:** Children should sleep in their own beds. Except in the case of very young children, family members should knock before entering bedrooms. Care should be taken when tucking children in at night. For children who have been abused in their beds, nighttime may be an anxious transition. Foster fathers may cause anxiety for children, so it may be more comfortable to say goodnight from the door in the beginning of the placements. Leave lights and doors open for children who are fearful.
2. **Privacy:** To help children learn the importance of boundaries, emphasize that everyone has the right to privacy. This may include a private spot or drawer that no one should go without your permission or knocking on the bathroom door or bedroom door and waiting for permission to enter. Do not search drawers or read diaries without permission.
3. **About The House:** It is a good idea to require bathrobes or sweats around your house for all family members. Walking around naked, partially clothed or in your underwear may cause embarrassment or anxiety for children. It may also arouse children who are prone to sexually acting out behavior.

4. **Horseplay:** Reduce or eliminate horseplay such as tickling or wrestling. While these behaviors are not bad in themselves, tickling can be coercive, and wrestling is often the starting point for more intimate behavior. Children with violated boundaries may be anxious or coerced during wrestling. Other children may use the guise of wrestling as an excuse to sexually touch other children. Sexually abused or acting out children may find wrestling to be quite sexually stimulating. Instead of wrestling, channel kids into lots of physical activities that are appropriate.
5. **Sexual Talk:** Monitor sexual talk between children in the home. Talk openly about sexual matters, but make sure it is developmentally appropriate and respectful. Children who sexually molest others often groom their victims through sexual talk so keep tabs on talk in your house, especially when used as a put down or act of aggression. Keep to a minimum the presence of sexually stimulating materials such as explicit television shows, magazines, music, and pornography. Be aware that violent, aggressive and stimulating television shows or video games can raise the tendency toward aggression in children, at least temporarily and it has been suggested that there is a link to sexual stimulation as well. Talk to children about what is appropriate and supervise children appropriately.
6. **Physical Punishment:** Foster parents are not allowed to use physical punishment with a foster child and are not allowed to use punishment that is cruel or humiliating. This includes your response to sexually acting out behavior as well. Do not use pepper, restraining devices, slapping humiliating or hurtful consequences when addressing a child's behavior.
7. **Supervision:** If you have children with sexually acting out behavior, you must provide intensive supervision. An adult presence may help children keep it together. Do not leave children alone with younger or more vulnerable children. Provide a higher level of supervision than you would for your own kids.
8. **Personal Touch:** When children first come in your home, be respectful and even with young children, ask permission to touch. Address immediately any touch that feels uncomfortable to you or that is hurtful. Children need to know what is not acceptable, but they also need to be sensitized to good, nurturing touch. *Go slow.* Side hugs, brushing hair, pats on the back, tag: all are less intrusive touches that most children can handle. Allow children to say no to touch and don't be hurt or cajole children into touches they clearly are uncomfortable with. If children need constant touch or contact with you, set limits for the child. Give a child five to fifteen minutes of sitting in your lap, and then you take a break. Schedule these times throughout the day, so the child gets his need for attention met, but he learns to respect boundaries.

Teaching Children About Your House Rules

You may choose to tell your children the rules as things come up. This is especially effective with young children. Older children may appreciate knowing your rules and guidelines fairly early in the placement. Some foster families even write down important rules. Other homes use a regular house or family meeting to discuss rules and expectations. How you tell children the rules will depend on your family, but it is important to make the rules clear to children.

EXAMPLE: Teaching Children About House Rules

Sandra and her husband take in adolescent boys who have a history of abuse or sexually acting out. Kevin was a 15-year old who was coming to her house. She had two ways of helping Kevin learn the rules. When he first came to the house, she reserved a large chunk of time to spend with him and get to know him. She showed Kevin throughout the house. As she gave him the tour, she talked about rules. In the bedroom, she talked about what to wear when he was leaving his room and asked him what he might have to wear around the house. Kevin only had jeans, so Sandra offered to pick him up a pair of sweat pants to wear. In the bathroom, she showed him where the supplies were and emphasized that one person was allowed in the bathroom at a time and he should knock if needed to get in. She also said that he needed to shut the door when using the toilet or taking a shower. Her family also had a house meeting every week to talk about problems and about achievements. Sandra also used this time to remind everyone of the rules, especially if there were upsetting incidences that week.



EXERCISE: Our Family's House Rules

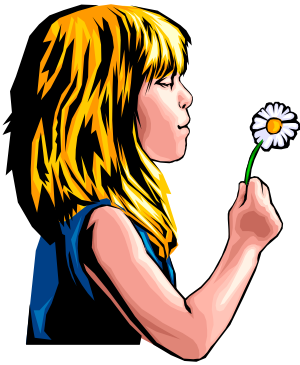
Write three rules that can help promote safety and comfort in your family.

1. _____
2. _____
3. _____

How will you or how do you communicate these rules to your family members?

Specific House Rules For The Sexually Acting Out Child

Bernard and Joan McNamara are the adoptive and foster parents of many children who have exhibit sexually acting out behaviors. They suggest additional guidelines if you are fostering a child with sexually acting out behavior.



1. **Avoid sharing bedrooms if at all possible.** If children must share bedrooms, make sure the child who is sharing the bedroom is strong and assertive enough not to be a victim or a child who does not have a history of sexual abuse.
2. **Talk to the other children in the house.** Other children should be told that the sexually abused child might do inappropriate things because of past hurts, what to do if this happens and how not to become involved. They need to be told that it is important to tell adults so adults can help with feelings and behaviors.
3. **Teach children specific skills to reduce anxiety.** Help children learn tools for dealing with anxiousness, or arousal. Teach a child to take a time out, to repeat a phrase in his head, to engage in a physical activity other than sex, or to draw or write out his feelings. Children who experience sexual arousal must be given the tools to channel anxiety, frustration, anger or fear into appropriate, non-abusive activities.
4. **Talk openly about rules about touching and what's appropriate.** Talk openly and often about appropriate touch safety and boundaries with all children in the family. Abuse happens in secrecy, so make sure everything is open and everything can be talked about. Talking openly about the rules lets everyone know that sexual touching will not be kept a secret.
5. **Work with a therapist or another professional.** For children who molest other children, it is often necessary to use a therapist to help the child address and confront issues as well as learn appropriate behavior. Work closely with the therapist to avoid misunderstandings and to reinforce therapy work at home.
6. **Have a plan to address behavior when it happens.** Don't ignore, don't punish, and don't shame. Address it calmly and assertively and immediately. Help a child be able to act appropriately.
7. **Encourage self esteem and age appropriate activities.** When children feel less anxious, more in control and are exposed to more age appropriate activities and peers, the sexually acting out behaviors will usually decrease in frequency.

SECOND GOAL: Intervene When A Child Is Sexually Acting Out Or Inappropriate



For most people, dealing with sexually behaviors in children is unfamiliar territory, and is often uncomfortable. Some behaviors may be particularly disturbing for foster parents such as masturbation or sexual behavior toward animals or playing with feces.

Remember: *separate the child from the behavior*. Children who have been sexually abused may repeat what has happened to them. It does not mean they are bad kids: it means their behavior is inappropriate. Use words that describe behavior such as “inappropriate”, “not okay,” or “against the rules” instead words that judge the person such as “bad” or “misbehaving” or “nasty.” Children who sexually act out may not understand what they are doing is wrong or may have difficulty controlling themselves. So think first of teaching, not punishing. Stay calm when you react to a child’s behavior. Be firm, set limits and help a child feel your support. The child will take his cue from you.

Patricia Ryan, Ph.D., has developed a simple technique for foster parents to use when confronting a child’s sexually acting behavior. It has four simple parts.

1. Stop the behavior
2. Define the behavior
3. State the house rule
4. Enforce Consequences or Redirect the child.

1. Stop The Behavior.

Don’t address a behavior while the child is still doing it. Change the situation, stop, distract, or change the environment. Push the child’s hand away, separate the children, draw her attention toward something else, tell him to stop what he is doing, or have the children pull up their pants, separate or get dressed.

2. Define The Behavior.

Be clear what behavior the child is doing that is inappropriate. Describe what you see to the child. The more specific and clear you can be with the child about what he is doing is wrong, the better opportunity the child has to change or relearn his behavior. If we react with general anger, the child may interpret our anger as “I’m bad” instead of “What I’m doing is wrong.”

Not: “*Stop that!*” **Or** “*Don’t do that!*” **Or** “*That’s bad!*”

Try: “*You are poking Billy’s private parts and that’s not okay.*”

“*You are being sexual with the dog and we already talked about how it is not okay.*”

You may not be used to this kind of language. It may help to think about what the child is doing that is not okay, then describe the behavior it so the child knows exactly what you want to discuss.

3. State The House Rules.

Repeat the appropriate house rule or expectation if it applies. Start with something like, “In this house....” Or “The rule is...” or “We expect everyone in our family to...” Be direct but don’t lecture.

4. Enforce The Consequence Or Redirect The Child.

For younger children you can redirect or distract the child to more appropriate behavior. End the encounter on a positive note and praise the child when he acts in the way you suggest. If the child is older and this behavior is repetitive, you may wish to add a non-punitive consequence. Don’t hurt or humiliate a child, but if a house rule is broken, it may be helpful to include a consequence or time-out, an extra chore or writing sentences.

Applying The Technique To Situations In Foster Care^{*}

How does a foster parent apply these rules to the day to day situations in the foster home? Following are common situations reported by foster parents. After each, we apply the simple four rules as an example of one way to deal with these situations.

SITUATION #1: You are reading to John, a boy of six, and he begins to rub your breast.

FOSTER PARENT ACTION:

Step #1: **Stop the Action.** Remove the child’s hand from your breast and move slightly away.

Step #2: **Define the Behavior.** Look him in the eye and say, “John, you are touching my breast.”

Step #3: **State the rule.** “My breast is private and it’s not okay for you to touch it. In this house, its not okay for kids and adults to touch each other private parts.”

Step #4: **Re-direct the children or apply a consequence.** “I like reading with you and will continue if you can sit here next to me without touching my breast.”

OTHER IDEAS: For this young child, get a book on good touching and bad touching from the library and set aside some time to read it several times. Find times to restate the rule throughout the day, including noticing good touches that are okay. Ask the child for permission to touch to reinforce the idea of privacy and control. For a child who is easily stimulated, take care when having him sit on your lap or sitting next to you in a way that his face is at breast level. Keep some space between you or sit on the floor with him.

^{*} Many of the above example come from the video “Establishing the Psychologically Safe Environment: The Sexually Abused Child” produced by Pat Ryan of Eastern Michigan University

SITUATION #2: You hear giggling in the bathroom. When you open the door, you find 5-year old Lori rubbing her crotch up against 4-year Sandy's bottom as she brushes her teeth. Both are laughing.

FOSTER PARENT'S ACTION:

- Step #1: **Stop the Action:** Tell the girls to stop what they are doing and separate them. Put one on either side of you and get down to their level.
- Step #2: **Define the Behavior.** "Lori, you were rubbing up against Sandy's bottom with your crotch and that's not okay."
- Step #3: **State the rule.** "An important rule in this house is no sexual touching and what you were doing, rubbing up against Sandy's bottom is sexual touching. That is not okay in this house."
- Step #4: **Re-direct the children or apply a consequence.** "I want Sandy to finish brushing her teeth and both of you to go to your separate timeout for three minutes. We will talk more about this later."

OTHER IDEAS: When children come out of their timeouts, remain calm and repeat the rule. Talk about concern for privacy and safety. Also remind the girls that there is only one person in the bathroom at a time. Emphasize that both girls need to enforce the rules. Increase your supervision of the girls and leave the doors open when children play.

SITUATION # 3: Paulie, your six year old who is very emotionally immature, is watching television with the family. He puts his hands down his pants and begins to masturbate while the family members look on in embarrassment and discomfort.

FOSTER PARENT'S ACTION:

- Step #1: **Stop the Action:** Ask Paulie to stop touching himself and to come sit next to you. Or you may wish to follow you out of the room to talk to him privately.
- Step #2: **Define the Behavior.** "Paulie, you were rubbing your private parts in a public place."
- Step #3: **State the rule.** "Touching your private parts in a public place is against the rules in this house. That is a private behavior and you should do that only in the privacy of your bedroom."
- Step #4: **Re-direct the children or apply a consequence.** "Next time I'll remind you if I see you, but remember the rule. Now, why don't you wash your hands and help me pop some popcorn for the rest of the family?"

OTHER IDEAS: Children should not be punished or shamed for masturbation. In young children it is natural that they should discover their genitals feel good and they should feel good about their bodies. However, there are some clear limits on this behavior and children should be taught that it is a private activity. If a child seems to focus on masturbation to the exclusion of other activities, or masturbates constantly, or are compulsive and cannot seem to stop, these children will need therapeutic intervention to deal with the causes behind the behavior.

SITUATION #4: You discover four year old Lucy is hidden in the closet and is pushing a small plastic action toy in and out of her vagina.

FOSTER PARENT’S ACTION:

Step #1: **Stop the Action:** Tell Lucy to hand you the toy and to pull up her panties.

Step #2: **Define the Behavior.** Hold her hands gently to show your concern and say in a calm voice, “Lucy, you were putting these toys up inside you, in your vagina. “

Step #3: **State the rule.** “That’s not the right way to play with these toys. It’s not okay to put things in your vagina because you will get hurt and you might get an infection.”

Step #4: **Re-direct the children or apply a consequence.** “Now lets go back into the play room and find you some toys that are okay to play with.”

OTHER IDEAS: Later, when tensions have calmed down, talk to Lucy again. Ask why she was playing with her toys like that and listen carefully to the answer. Perhaps it was because she had seen this behavior, or she has an infection and it itches or it felt good, or an adult had something similar to her. This may give you a clue how to handle the situation. With compassion, but firmness, let her know that you care about her and you know she wants to do right. Repeat the rules about not putting things inside your vagina and talk about more appropriate ways to use the toys. If the child has been abused, you may want to ask her if she has any hurts in her vaginal area.

SITUATION # 5: Your fourteen year old foster daughter and twelve year old foster son are wrestling and tickling each other on the living room floor.

FOSTER PARENT’S ACTION:

Step #1: **Stop the Action:** Tell the kids to stop and ask them to stand up.

Step #2: **Define the Behavior.** “You kids are wrestling in the living room.”

Step #3: **State the rule.** “In this house, wrestling and tickling are not allowed. It might seem fun, but it can also lead to hurtful touch or even sexual touch and that is not allowed in this house.”

Step #4: **Re-direct the children or apply a consequence.** “Since you know the rules and have chosen to break them anyway, there will be a consequence. I want you both to go to your rooms and give them an extra cleaning this week. ”

OTHER IDEAS: Teens need plenty of opportunities to talk about feelings and relationships, but they may be hesitant to ask questions about sexual matters. So make the time and bring the topic up, emphasizing responsible behavior and respect for others. Make it a topic of a house meeting about respecting privacy and use the example of wrestling as a way that invades privacy. When taking in teenagers who are sexually abused, foster parents should consider taking in either boys or girls, but not both. Mixed sex foster homes often bring more challenges in supervision and safety than do single sex foster homes.

SITUATION # 6: Your fifteen year old foster daughter sits next to you as you read the paper and presses her thigh and breast into you as she leans over to read with you.

FOSTER PARENT ACTION:

Step #1: **Stop the Action:** Move away from the child and face her.

Step #2: **Clearly state what he is doing.** “The way you were acting by getting too close to me and touching me felt like a come-on.”

Step #3: **State the rule.** “ That made me feel uncomfortable. I am your foster father and that seemed like flirting behavior. I don’t want you to act like that to me.”

Step #4: **Re-direct the children or apply a consequence.** “I care about you and like being with you, but I do not like that kind of behavior. If you want to sit here and read the paper with me, sit next to me, but not on me.”

OTHER IDEAS: Again, older teens need lots of open communication about sexuality and appropriate behavior. This situation warrants a further talk with the girl about what she wants to happen and how her behavior may elicit an abusive or unexpected respond. When you feel uncomfortable with touch, do not hesitate to address it in a firm assertive way. Do not yell, punish or name-call. Use *I* message. You are modeling how to protect yourself. Don’t be surprised if teens get defensive or angry. That’s okay. You still need to talk with them. Also with teens, have reasonable curfews, lots of family and supervised peer activities and structure. Bored and unsupervised kids spell trouble.

SUMMARY:

You get the idea. First describe the behavior so the child is clear what you are talking about. Then state what the rule or expectations are. Then let the child know what you expect them to do. You may need to apply a consequence or just change the situation to end on a positive note. Also give children encourage that you know that they can follow the rules and reward and praise them when their behavior improves.

You may need to learn a new language and your responses may be stiff or uncomfortable at first. But focus on the behavior and focus on teaching the child, not shaming or punishing him and you’ll do just fine!



THIRD GOAL: Promote Healing And Correction Through Therapy And Education

Therapy and counseling can be very helpful to any child in foster care who has suffered abuse or neglect. It is especially helpful for children who have an established pattern of sexually acting out or sexual aggressiveness. These children may have issues beyond the scope of a foster family's abilities. A therapist does not have the responsibilities of a parent, so therapy can be more intrusive or supportive or structured than what a parent can be. It is important to remember that therapy does not "fix" a child. It is not a cure all. Therapy allows a child to work through issues and talk about hurts. Therapy does not make a child forget a trauma but helps him separate from it and understand it. Therapy does not make a child behave, but helps a child understand his behavior and learn ways to control it.

Therapy with a sexually acting out child should focus on boundaries. Boundaries should be enforced, and respect for boundaries can be reinforced in children through therapeutic activities. By educating children to what is appropriate and helping them sort out what happen to them , therapy can help children order their behavior accordingly.

Children who are showing inappropriate or reactive sexual behaviors may respond well to limit setting by foster parents. But the deeper issues of victimization, betrayal and violation may be best addressed in individual, group, or family treatment. Children who show ingrained pattern of sexual behaviors, or who molest other children or animals may need more intense intervention through therapy to break. Group treatment may be more effective with these children as well as individual therapy. The goal of these therapies should include activities that help strengthen a child sense of self-mastery, control, ability to attach and compassion for others.

Children also need tools to deal effectively with feelings, especially of stimulation, arousal, fear and anxiousness. Dealing with their touching problem helps children focus on their own behavior. Focusing on difference between good touching and bad touching, learning to use self talk as a way of control and learning to think about others feelings may all be goals of treatment for children depending on their individual needs.

Foster parents can support therapy by

1. *Getting the child to and from appointments.*
2. *Maintaining communication with the therapist.* Talk to therapist about what you are seeing at home and work together to devise behavior management and discipline programs.
3. *Respecting the privacy of the session.* Don't pump a child for information about what happened in the session.
4. *Avoiding playing therapist at home.* A foster parent's role is to protect, guide and parent. A therapist's role is to open the wounds and help a child deal with them. By mixing up the boundaries between parent and therapist, you may undermine your nurturing role as a parent.

From **When Your Foster Child Needs Counseling** AFPTC Self-Study

Providing Prevention Education With The Sexually Acting out Child

The more open you can be about sexuality and communication, the more likely a child is able to integrate what you are trying to tell him. Often people make the mistake of thinking that sexually abused and especially sexually acting out children know more than they really do. We assume that because they seem to have advanced knowledge in sexual matters, they know a lot about sexuality. **WRONG!** Often children may know about mechanics but understand very little about their bodies, about the role of healthy touching, about physical changes, and about positive sexual relationships. It is doubly important that we educate the sexually abused child about the many values and facets of sexuality.

Teach Children about Good Touch, Bad Touch

Even young children understand that some touch hurt (pinching, biting, hitting) and are not allowed. Some touches feel good and are good to give (such as hugs, kisses, handshakes). Other touches are touches that may either hurt or feel good, but are not okay. These include when people touch you and you don't want them to or if people touch you in your private places or force you into sexual touch. This message will be presented differently depending on the age of the child, but it is a message good for all ages. There are many books and videos addressing this topic that will supplement your message, but repeat it often as a house rule that sexual touching between kids or between adults and kids is not allowed and neither are touches that hurt others.

Role play or set up a safety plan.

If a child has an ongoing problem with touch, help him set up a plan for the next time. Ask them about their feelings and practice a set response (Such as when I feel I want to hit, I will hit a pillow instead. If I feel I want to kiss, I will come to you and ask if it is okay first.") Practicing and setting up a safety plan ahead of time will help children be more successful.

Use the Idea of Personal Space To Reinforce Boundaries

For young children or children with learning delays, using a concrete exercise may help with the idea of personal space. For example, have the child step into a hula-hoop. *"This is your personal space. Inside this bubble is your personal space and someone needs to ask permission before they come inside your bubble."* Drawing a child's outline on a large piece of paper and having them decorate can also help with this idea. Use whatever language that work for you and the child. *"You are in my personal space."* Or *"Don't go in my bubble without permission to reinforce what child has learned."*

Don't forget about regular sexuality education for children.

Talk with children about changes to their bodies and their feelings towards the opposite sex. As children change, so will their needs for information and skills, so talk to your children regularly. Make it okay to ask about any sexual matters, (even if you don't know the answer!).

Part Three: Reducing Risk of False Allegations of Abuse

GOAL OF PART FOUR: *To provide guidance for the foster family who cares for a child who is sexually acting out to provide protection for all family members.*



This Self-Study has striven to give the foster parent a good solid understanding of the sexually acting out child. Unfortunately, some children falsely accuse foster parents of sexually abusing them. These children may also make statements that are misunderstood.

EXAMPLE: *A birth complained to DFYS that the foster father to her 12-year-old daughter had come into the bathroom while she took a shower. The foster father took a towel to a young girl in the bathroom when she had forgotten to take her towel in. The girl had called from the shower and asked the man to bring her a towel. The girl mentioned to her mother that her foster dad had come into the bathroom when she was showering and the mother reported it to the caseworker.*

Some children who have spent a lot of time in foster care use false allegations as a way to get out of a certain household or are angry at a foster family. Others may have been actually abused but may finger the wrong person. Unfortunately, children have also been abused in foster care, so that every allegation must be investigated for the child's safety.

This chapter includes ideas of how to minimize false allegations or misunderstanding. But foster parents must realize that there is no foolproof way to prevent false allegations. The complaint and investigation process is designed to protect the child but also to look at facts, talk to people involved, and look at histories.

The importance of keeping records and keeping your caseworker informed cannot be overemphasized. If you are caring for a child who sexually acts out, you should follow the guidelines in this Self-Study of setting and enforcing house rules, addressing sexual behaviors immediately, and assisting a child in therapy and education. In addition, keep records of any sexually acting out behavior, how you deal with it and the child's response. Send written copies of these records or note when you called the caseworker.

In addition, the following suggestions come from Jacob Sprouse of America Foster Care Resources, Bernard and Joan McNamara and Frank Kunstal and offer guidelines to reduce the risk of false allegations of abuse.

PREVENTING ALLEGATIONS CHECKLIST*

- ☐ **Make Sure Your Behavior Is Above Reproach.** Do not sexually abuse, sexually touch, physically abuse, spank or use verbal or suggestive language with a child.
- ☐ **Secure Accurate Information Upon Placement Of Child.** Ask why the child is being placed, ask about behavior problems that are known, and ask about any history of abuse. If a child has been sexually abused, use the information in this self-study to set up a safe and protective environment for both child and family.
- ☐ **Use “The Rule Of Three”.** If a child has a history of sexually acting, do not leave foster child along with another child. Never leave the child in a babysitting situation. If a child has a history of false allegations, when possible, do not be alone with the child for a long time. Use the rule of three. That means try to have three people in the room such as a parent and two children or two adults and a child.
- ☐ **Put Foster Child In Own Bedroom.** Leave doors open and be within earshot of another parent if you need to talk or be with a child in his or her own room.
- ☐ **Do Not Use Physical Punishment.** Physical punishment is not allowed in foster care and breeds resentment in children.
- ☐ **Be Clear Of Rules Of Dress Privacy And Touching.** Set, explain and maintain clear, firm, concise rules on dress, privacy, touching, boundaries, language, and behaviors. Take special caution around bathroom, bedroom, and dressing issues.
- ☐ **Record Any Sexually Acting Out In Writing.** Send a copy of the report to child’s social worker or therapist and keep a copy for yourself.
- ☐ **Reduce Your Stress.** When you are caring for difficult children, schedule in a regular break for yourself. Take care of yourself! You must monitor your own emotions and own stress and get help when you need it.
- ☐ **Address Issues When They Happen.** If you are open and confrontive, children will learn that everything can be talked about and secrets about touching are not allowed.
- ☐ **Avoid Aggressive Horseplay, Teasing, Suggestive Or Ambiguous Language.** Avoid sexual language, swearing, comments, whistles, things that may be misinterpreted. Keep touches appropriate, kisses on the cheek, short hugs or side hugs. Avoid lap sitting for older children.
- ☐ **Use Family And Group Therapy Rather Than Confidential Individual Therapy** with the child. The secrecy and isolation of one-on-one therapy may encourage manipulative reporting in a child who has a history of false allegations.

* Combined from Kunstal, Sprouse, and McNamara.